

EXHIBIT A

CHARGE OF DISCRIMINATION		Charge Presented To: <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	Agency(ies) Charge No(s): 410-2023-05512
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.			
and EEOC			
State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) Ms. Lauren Mosley		Home Phone (Incl. Area Code) (312) 582-0227	Date of Birth October 31, 1989
Street Address 1111 Oakley Industrial Blvd Apt 7202		City, State and ZIP Code Fairburn, GA 30213	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Delta Air Lines, Inc.		No. Employees, Members 1,000+	Phone No. (Include Area Code) (800) 221-1212
Street Address 1030 Delta Blvd, Dept 982		City, State and ZIP Code Atlanta, GA, 30354	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)			DATE(S) DISCRIMINATION TOOK PLACE Earliest April 11, 2023 Latest
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)			<input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
I. On or around February 13, 2017, I began working for the company as a Flight Attendant. II. On or around January 15, 2023, the company received a complaint about the appearance of my shoes. I was informed on January 18, 2023 that my shoes did not meet uniform standards. III. On or around January 20, 2023, I was told by management to request an accommodation to be allowed to wear insulated shoes due to my disability. On January 23, 2023, I applied for the accommodation. IV. On or around March 24, 2023, I complained about the uniform and asked to be able to wear my insulated shoes and I was suspended. V. On or around April 11, 2023, the company terminated me. VI. I believe I was discriminated in violation of the Americans with Disabilities Act.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
06/05/2023	Electronically Signed*  2023-06-05 16:48:01 UTC - 98.192.104.6 Nintex AssureSign® 7b42dd9-5b66-4ecb-9e60-b01801142399 SUBSCRIBED AND SWEORN TO BEFORE ME THIS DATE (month, day, year)		
Date	Charging Party Signature		